

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Pr 4128

-62-000167

STATE FILE NUMBER

AMENDED

FILED JAN 23 1962

Registration District No. 4036

Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Length of stay in 1b 1 1/2 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North 6th.St		d. STREET ADDRESS (If outside, give location) North 6th.St.	
3. NAME OF DECEASED (Type or print) First ENOCH Middle ROATEN Last ROBERTS		4. DATE OF DEATH Month January Day 7 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	
11. BIRTHPLACE (City and state or country) Hilda, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William J. Roberts		13b. MOTHER'S MAIDEN NAME Mary Ellen Roberts	
14. NAME OF HUSBAND OR WIFE Sarah Roberts		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Mrs. Sarah Roberts-Rich Hill, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Atherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 6, 1962 to Jan 7 and last saw him alive on Jan 6 1962 Death occurred at Rich Hill, Mo on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wheeler J. Roberts MD		22b. ADDRESS Rich Hill Mo	
22c. DATE SIGNED Jan 9 1962		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 1/11/62		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	
23d. LOCATION (City, town, or county) Rich Hill, Missouri		24. FUNERAL DIRECTOR Booth Funeral Service-Rich Hill, Mo.	
25. DATE RECD. BY LOCAL REG. 1-12-62		26. REGISTRAR'S SIGNATURE Norma Jean Wilson	

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1962

APR 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.